

QUREWADI = quantified rehabilitation of the walking distance (version number 111212)

For patients whose walking time is less than 20 minutes. The primary goal is to increase walking distance, to fight against aerobic deconditioning and work locomotor balance
The patient can take his time, but is essential not to lose balance

Suitable for all pathologies (multipurpose)

NAME OF PATIENT:

First name:

	DATES	Walking distance	
		Measured in meters:	
Date 1 ▶			◀ Walking distance
Date 2 ▶			◀ Walking distance
Date 3 ▶			◀ Walking distance
Date 4 ▶			◀ Walking distance
Date 5 ▶			◀ Walking distance
Date 6 ▶			◀ Walking distance
Date 7 ▶			◀ Walking distance
Date 8 ▶			◀ Walking distance
Date 9 ▶			◀ Walking distance
Date 10 ▶			◀ Walking distance
Date 11 ▶			◀ Walking distance
Date 12 ▶			◀ Walking distance
Date 13 ▶			◀ Walking distance
Date 14 ▶			◀ Walking distance
Date 15 ▶			◀ Walking distance
Date 16 ▶			◀ Walking distance
Date 17 ▶			◀ Walking distance
Date 18 ▶			◀ Walking distance
Date 19 ▶			◀ Walking distance
Date 20 ▶			◀ Périmètre de marche
Date 21 ▶			◀ Walking distance
Date 22 ▶			◀ Walking distance
Date 23 ▶			◀ Walking distance
Date 24 ▶			◀ Walking distance
Date 25 ▶			◀ Walking distance
Date 26 ▶			◀ Walking distance
Date 27 ▶			◀ Walking distance
Date 28 ▶			◀ Walking distance
Date 29 ▶			◀ Walking distance
Date 30 ▶			◀ Walking distance
Date 31 ▶			◀ Walking distance
Date 32 ▶			◀ Walking distance
Date 33 ▶			◀ Walking distance
Date 34 ▶			◀ Walking distance

Briefly describe below the conditions of practice (any walking aids):

In the space above, we write for example:

*Ambulation with a walking stick on the right side and a foot drop splint on the left foot
under the supervision of another person*

Knowledge of results (KR) allows patient motivation
and set reasonable goals to achieve during the next rehabilitation session.

An excess of precision affects the understanding of the KR.

For example, do not tell the patient: "You have made 132 meters and 28 centimeters."

An average accuracy is necessary and sufficient to motivate the patient.

Example, the therapist made big steps in order to measuring the performance of his patient
(each big step = approximately 1 meter)

He announces to the patient: "You have walked 132 meters." This performance will be recorded.
The purpose of the next meeting will be to improve this "record".

Another possibility to measure distances in the rehabilitation room and adjacent corridors.

Example: a one-way in the corridor = 28 meters,

So a roundtrip = 56 meters and 10 roundtrips = 560 meters!

The quantified rehabilitation of walking distance allows:

- a quantized work of distance and endurance,
- a search for comfortable walking speed without risk of falling.

This is usually the case in patients whose walking time is less than 20 minutes.

At this stage, the search of speed is not recommended because of the risk losing balance.
On the contrary, the patient should take his time to make his performance without cheating.

That is to say without holding or touching his therapist.

The therapist must not touch or hold the patient
because it would interfere with the self-organization of walking

It is a real progression of "locomotor balance."

Each meter performed in addition to the previous session is a victory.

These "little" progresses are very important for the patient's motivation and progression of rehabilitation.

Speed tests are not a good indication of the patient's progress at this stage.

For patients who can walk for 20 minutes or more without stopping to rest,
we use another rehabilitation protocol which allows a work of quantified walking speed